

WEST END FIRE COMPANY MEMBERSHIP APPLICATION INSTRUCTIONS

APPLICATIONS CAN ONLY BE PROCESSED FOR RESIDENTS OF CHESTNUTHILL TOWNSHIP

There are 3 classifications of membership you may apply for:

Firefighter: Must be at least 18 years of age and not currently in High School.

Junior Firefighter: Must be at least 16 years of age.

Associate Member: Must be at least 18 years of age and not currently in High School. (Associate Members do not engage in firefighting but are required only to assist with fundraising events that benefit the fire company.)

Instructions to complete your application

1. Complete the West End Fire Company application.
2. Complete the Pennsylvania State Police "REQUEST FOR CRIMINAL RECORD CHECK" form.
 - In the REQUESTER IDENTIFICATION section, check the box marked: INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY.
 - In the REASON FOR REQUEST section, check the box marked: OTHER and write "Fire Department" next to that block.
 - Mail **ONLY** the Pennsylvania State Police "Request for Criminal Record Check" form along with a certified check or Postal Money Order in the amount of \$10 to the address on the form. **DO NOT MAIL THE FIRE COMPANY APPLICATION FORM TO THE STATE POLICE.**
3. Keep the fire company application until the Pennsylvania State Police "Request for Criminal Record Check" form is returned to you via mail (about 2-3 weeks normally). If the return form indicates "NO CRIMINAL RECORD," attach the application and record check forms together.
4. On the next following Tuesday night, you may bring your completed application to the Fire Station located on Rt. 715 between 7:00 pm and 9:00 pm and present it at that time. If you are unable to present it in person for some reason, you may mail it to:

West End Fire Company
HC 1 Box 20
Brodheads ville, PA 18322

You will be contacted upon receipt of your application.

The West End Fire Company does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, marital status, creed, or sexual orientation.

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

***** TYPE OR PRINT LEGIBLY WITH INK *****

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

- INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.
- FEE EXEMPT NONCRIMINAL JUSTICE AGENCY
- *** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)	(FIRST)	(MIDDLE)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING) ELDER CARE CHILD CARE SCHOOL DISTRICT
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p align="center">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p align="center">PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)</p>
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PART II: CENTRAL REPOSITORY RESPONSE ONLY *****DO NOT WRITE BELOW THIS LINE*****

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p>	<p>INQUIRY DISSEMINATED BY</p>	<p>SID NUMBER</p>
<p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>CERTIFIED BY</p> <p align="center">(DIRECTOR, CENTRAL REPOSITORY)</p>	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.

3. TELL US ABOUT YOUR WORK EXPERIENCE.

1.) Your present or last job. Where did you work? Name of employer:

Address where you worked:

Your supervisor's name and telephone number:

Your job title:

From:

To:

Hours per week:

Number of persons you supervised:

Job duties (give details):

Reason for leaving:

2.) Your next most recent job. Where did you work? Name of employer:

Address where you worked:

Your supervisor's name and telephone number:

Your job title:

From:

To:

Hours per week:

Number of persons you supervised:

Job duties (give details):

Reason for leaving:

3.) Your next most recent job. Where did you work? Name of employer:

Address where you worked:

Your supervisor's name and telephone number:

Your job title:

From:

To:

Hours per week:

Number of persons you supervised:

Job duties (give details):

Reason for leaving:

4. TELL US ABOUT YOUR PAST FIRE DEPARTMENT EXPERIENCE.

Name of Fire Department:

Address of Fire Department:

Chief's Name:

Telephone Number:

Positions you held:

(ATTACH ADDITIONAL PAGES, IF NEEDED)

5. PLEASE PROVIDE 3 UNRELATED PERSONAL REFERENCES.

References may be contacted by the membership committee.

Name	Address	Phone Number

Have you ever been convicted of any violation of law other than minor traffic violations? Yes No If yes, give date, place of conviction, charge and disposition of each case. Note: a conviction record may bar you from membership.

I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved.

DATE _____

SIGNATURE OF APPLICANT _____